



3238 #
GB
293/008 Cont.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Thomas J. Bachinski et al.
Application No. : 09/406,575 Confirmation No. : 1763
Filed : September 24, 1999
For : MEDICAL GRAFTING CONNECTORS AND
FASTENERS
Examiner : Paul B. Prebilic
Group Art Unit : 3738

RECEIVED

OCT 28 2003

TECHNOLOGY CENTER R3700

New York, New York 10020
October 16, 2003

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL LETTER FOR
SIXTH SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Sir:

Transmitted herewith is a Sixth Supplemental Information Disclosure Statement in the above-identified patent application, copies of the documents cited therein and Form PTO-1449 (submitted in duplicate). This Statement is being submitted more than three months from the application filing date and after the mailing date of a first Office Action on the merits, but before the mailing date of either a final action under 37 C.F.R. § 1.113, or a notice of allowance under 37 C.F.R. § 1.311.

10/23/2003 JBALIMAN 00000019 09406575

01 FC:1806

180.00 DP

In accordance with 37 C.F.R. § 1.97 (c) (2),
applicants have enclosed a check in the amount of \$180.00 in
payment of the fee for submission of an Information
Disclosure Statement. The Director is hereby authorized to
charge payment of any fees required in connection with this
Sixth Supplemental Information Disclosure Statement to
Deposit Account No. 06-1075. A duplicate copy of this
letter is transmitted herewith.

Respectfully submitted,



Stuart W. Yothee
Stuart W. Yothee
Registration No. 53,816
Agent for Applicants
Fish & Neave
Customer No. 1473
1251 Avenue of the Americas
New York, New York 10020-1105
Tel.: (212) 596-9000

I hereby certify that this
Correspondence is being
deposited with the U.S.
Postal Service as First
Class Mail in an envelope
Addressed to:
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450 on

October 16, 2003
Claire J. Santil-van Goodman

Claire J. Santil-van Goodman
Signature of Person Signing